

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

What is the service?

- The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program is a federal preventive health care benefit. The purpose of this program is to screen clients 20 years of age and younger in order to identify physical and/or mental health problems. If a physical or mental health problem is identified, the client should be treated or referred to an appropriate provider for treatment. EPSDT is designed to encourage continuing access to health care.
- Dual objectives:³
 - Ensure accessibility and availability of resources
 - Facilitate the use of these resources by recipients and their families
- Services available include:^{1, 3}
 - Comprehensive health and developmental history, including a developmental assessment of physical and mental health
 - Comprehensive physical examination
 - Immunizations, based on the current approved Advisory Committee on Immunization Practices schedule
 - Laboratory tests, including mandatory lead screening
 - Vision, hearing, and dental screening
 - Health education and anticipatory guidance
- Websites:
 - <http://fortress.wa.gov/dshs/maa/CHIP/ClientGuide/HealthyKidsEPSDT.html>
 - <http://www.cms.hhs.gov/medicaid/epsdt/default.asp>

How/where is the service provided?

- Provided by physicians, specially trained nurses, nurse practitioners, and physician assistants
- If recipients receive positive screen, can either be treated or referred appropriately
- Required screening periods:³
 - Ages 1-2 years = three screenings
 - Ages 2-6 years = one screening per year
 - Ages 7-20 years = one screening every 2 years (except foster care = one per year, and within one month of placement)
- Recommended screening periods:³
 - 1st = Birth to 6 weeks
 - 2nd = 2-3 months old
 - 3rd = 4-5 months old
 - 4th = 6-7 months old
 - 5th = 9-11 months old

¹ Maternal and Child Health Bureau, Maternal and Child Library, "Knowledge Path: Early and Periodic Screening, Diagnosis, and Treatment Services". Website: http://www.mchlibrary.info/KnowledgePaths/kp_EPSDT.html. Accessed 5/15/05

Eligibility

- Below 21 years old
- No cost to client if eligible for Medical Assistance^{2, 3}

Who is receiving the service?

Washington State EPSDT Participation, FY 2004⁴

Age Groups	Total Individuals Eligible for EPSDT ⁵	Total Eligibles Who Should Receive at least one Initial or Periodic Screen ⁶	Total Eligibles Receiving at least one Initial or Periodic Screen ⁷	Percent Receiving At Least one Initial or Periodic Screen ⁸
<1	37,187	37,201	30,711	82.6%
1-2	83,626	69,449	56,565	81.4%
3-5	115,484	97,054	47,967	49.4%
6-9	134,968	85,083	27,716	32.6%
10-14	153,813	52,341	34,675	66.4%
15-18	104,644	42,950	16,840	39.2%
19-20	31,164	10,294	1,566	15.2%
Total	661,357	394,372	216,040	54.8%

The data presented above reflects all individuals < 21 enrolled in Medicaid regardless of whether they receive fee-for-service or managed care services. Seventy percent of Medicaid children are enrolled in managed care in the state of Washington. Through its managed care organization (MCO) contracts, the Department of Social and Health Services Medicaid program requires health plans to report performance measures on a yearly basis. One of the available measurement tools in the health care industry is the Health Plan Employer Data and Information Set (HEDIS). HEDIS is used by more than ninety percent of health plans in the U.S. to measure quality.

Among the HEDIS performance measures reported to Medicaid each year are well-child care measures. EPSDT screenings are often provided in the context of well child care visits. The HEDIS well child care measures look at the adequacy of well-child care for infants, birth to 15 months of age, children 3 to 6 years of age, and adolescents 12 to 18 years of age. Samples of

² Washington State Department of Health, "Side-by-side comparison of EPSDT, USPSTF, and AAP". Website: http://www.doh.wa.gov/SBOH/Meetings/Meetings_2000/2000-10_11/documents/Tab05-EPSDTSide-by-side.doc Accessed 5/15/05

³ Washington State Department of Social and Health Services, Medical Assistance Administration, "Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program". Website: http://fortress.wa.gov/dshs/maa/download/billinginstructions/epsdt_bis_11-12-04.pdf. Posted 11/04

⁴ Washington State Department of Social and Health Services, Medical Assistance Administration, 2004 data from CMS-416 form. 2004 Washington data are not yet posted, however 2003 Washington data are posted at www.cms.hhs.gov/medicaid/epsdt/ep2003.pdf.

⁵ Unduplicated number of individuals < 21 years determined to be eligible for EPSDT services.

⁶ Unduplicated number of individuals <21 who should receive at least one EPSDT service based on the average period of eligibility of clients and scheduled periodicity of services.

⁷ Unduplicated number of individuals who received at least one documented EPSDT service

⁸ Percent of the total eligibles who should receive a screen who actually received at least one documented initial or periodic screen.

children from each age category are selected and the rate of children receiving well-child care is calculated for each age category. Children are randomly selected for inclusion in the rate calculation based on continuous enrollment criteria with one health plan. Children and adolescents must be enrolled in one health plan for 12 continuous months (with allowance of a one month gap in enrollment) to be included; infants must be enrolled from 31 days of age (allowing a one month gap in enrollment) to 15 months of life. The statewide average among all MCOs reported in 2004 is presented below.⁹

- Medicaid Well Child Visits in First 15 months (receiving at least one visit): 98.6%
- Medicaid Well Child Visits in First 15 months (receiving at least six visits): 40.0%
- Medicaid Well Child Visits of 3-6 year olds (receiving at least one visit per year): 51.0%
- Medicaid Adolescent Well Care Visits of 12-18 year olds (receiving at least one visit per year): 33.3%

Issues/concerns

- Both increasing the number of children who receive preventive health exams, and improving the quality of the preventive care they receive have been persistent issues, despite several comprehensive quality improvement initiatives.
- Low numbers of specialty Medicaid providers may limit access to specialty care referrals for conditions discovered during screening exams.
- Reimbursement terminology for preventive exams may be confusing to parents, providers, and payers
- Providers may lack the communication skills necessary to explain health information to parents, particularly those with lower medical literacy.
- The current structure and content of EPSDT exams may no longer be the best way to ensure the highest quality preventive care to children. HRSA and DOH are in the process of considering initiatives that would increase the value and relevance of the EPSDT exam to clinicians, parents, and children.

⁹ Washington State Dept of Social and Health Services Medical Assistance Administration, "Washington State 2004 HEDIS Report", 2005. Available at <http://fortress.wa.gov/dshs/maa/newsdoc/2004HEDISReport1605.pdf>